

**Office of the Chief Administrative Hearing Officer
Complaint/Questionnaire Regarding
Unfair Immigration-Related Employment Practices**

Last updated: September 11, 2002

Please read the directions carefully.

Before you file a complaint/questionnaire with our office you must first have:

- T filed a charge with the Office of Special Counsel (OSC) **AND**
- T received a letter from OSC telling you that OSC would not work on your complaint but that you could file your own complaint with the Office of the Chief Administrative Hearing Officer (OCAHO).

Note: For a Yes or No question, you must check either Yes or No.
OSC's address and telephone numbers are listed on the last page of this questionnaire.

PART I: General Information

(1) I filed a charge with OSC on ____ / ____ / ____.
Month Day Year

- **Please attach five copies of the charge document that you filed with OSC to this complaint/questionnaire.**

(2) I received a letter from OSC telling me that OSC would not work on my complaint but that I can now file my own complaint with OCAHO.

- **Please attach five copies of the letter you received from the OSC to this complaint/questionnaire.**

(3) My name is: _____.
First / Middle / Last

Other names that I use are: _____

My address is: _____
Street Address

City State Zip Code

My telephone number is _____
(Area Code) Phone Number

PART I: General Information (cont'd)

FOR QUESTION (4) CHECK ONLY ONE

(4) I am a/an:

- ___ United States Citizen or National, **or**
- ___ Alien Lawfully Admitted for Permanent Residence (Green Card holder), **or**
- ___ Alien authorized to work in the United States, **or**
- ___ Alien who is not work authorized now, but who was authorized to work in the United States at the time of the alleged discrimination.

- **If you are a United States Citizen or National, go to question (6)**
- **If you are not a United States Citizen or National, please answer questions (a) through (f), where appropriate.**

(a) I was born in the country of: _____.

(b) I am a citizen of: _____.

(c) I became eligible to apply for naturalization on: _____ / _____ / _____.
Month Day Year

(d) I applied for naturalization on: _____ / _____ / _____.
Month Day Year

(e) I obtained my permanent residence (green card) status on: _____ / _____ / _____.
Month Day Year

(f) I was authorized to work in the United States
from: _____ / _____ / _____ to: _____ / _____ / _____.
Month Day Year Month Day Year

(5) I have been discriminated against because of my national origin: ___ YES or ___ NO.

PART I: General Information (cont'd)

(6) I have been discriminated against because of my citizenship status:___ YES or ___ NO.

FILL IN THE BLANKS

(7) The business or employer who I claim discriminated against me is:

Name

Street Address

City State Zip Code

Other addresses used by the business/employer are:

Street Address

City State Zip Code

Street Address

City State Zip Code

GO TO NEXT PART

PART II: Knowingly and Intentionally Not Hired
8 U.S.C. § 1324b(a)(1)

(1) I was knowingly and intentionally not hired:___ YES or ___NO.

- If you answered ***NO*** to question (1), **go to Part III.**
- If you answered ***YES*** to question (1), **finish the rest of Part II.**

(2) I applied for work at the business/employer on:_____/_____/_____.
Month Day Year

(3) The job was (describe duties):

(4) I was qualified for the job and the business/employer was looking for workers:
___YES or ___ NO.

FOR QUESTION (5) CHECK ONLY ONE

(5) I was not hired because of my:
___ citizenship status, **or**
___ national origin, **or**
___ citizenship status **AND** national origin.

(6) List other reason(s), if any, you were not hired:

(7) After I was not hired, the job remained open and the business/employer continued taking applications from other people with my qualifications:___ YES or ___ NO.

Note: Your answer to question (8) will not affect your right to continue with your complaint.

(8) I want to be hired by the business/employer:___YES or ___ NO.

GO TO NEXT PART

PART III: Knowingly and Intentionally Fired
8 U.S.C. § 1324b(a)(1)

(1) I was knowingly and intentionally fired: __YES or __NO.

- If you answered ***NO*** to question (1), **go to Part IV.**
- If you answered ***YES*** to question (1), **finish the rest of Part III.**

FOR QUESTION (2) CHECK ONLY ONE

(2) I was fired because of my:
____ citizenship status, **or**
____ national origin, **or**
____ citizenship status **AND** national origin.

(3) List other reason(s), if any, you were fired:

(4) I was fired on: ____ / ____ / ____ .
Month Day Year

(5) I was qualified for the job but was fired anyway: __YES or __NO.

(6) Although I was fired, other workers in my situation with different nationalities or citizenship were not fired: __YES or __NO.

Note: Your answer to question (7) will not affect your right to continue with your complaint.

(7) I want to be rehired by the business/employer: __ YES or __ NO.

GO TO NEXT PART

PART IV: Intimidated, Threatened, Coerced or Retaliated Against
8 U.S.C. § 1324b(a)(5)

- (1) I was intimidated, threatened, coerced, or retaliated against because I filed or planned to file a complaint:___ YES or ___ NO.
- (2) I was intimidated, threatened, coerced, or retaliated against to keep me from helping someone else who filed or planned to file a complaint:___ YES or ___NO.
- (3) I was intimidated, threatened, coerced, or retaliated against to keep me from testifying, assisting or participating in any manner in an investigation, proceeding, or hearing:
___ YES or ___NO.

- If you answered ***NO*** to questions (1) and (2) and (3), **go to Part V.**

- (4) Explain what happened to you:

GO TO NEXT PART

PART V: Documentation

8 U.S.C. § 1324b(a)(6)

- (1) The business/employer refused to accept the documents that I presented to show that I can work in the United States:___ YES or ___NO.

- If you answered **NO** to question (1), **go to question (3).**

- (2) Please list the documents that the business/employer refused to accept:

- (3) The business/employer asked me for more or different documents than those listed on Form I-9 to show that I am authorized to work in the United States:___ YES or ___NO.

- If you answered **NO** to question (3), **go to Part VI.**

- (4) Please list the documents the business/employer requested:

GO TO NEXT PART

PART VI: Relief Requested
8 U.S.C. § 1324b(g)(2)(B)

The remedies listed below may be available to you. Please check **YES** OR **NO** for EACH question.

(1) I want back pay: ____YES or ____NO.

(1) I want back pay from ____ / ____ / ____
Month Day Year

(2) I want to be rehired: ____YES or ____NO.

(3) I want a false performance review or false warning removed from my personnel file:
____YES or ____NO.

(4) I want restrictions on my assignments, work shifts or movements removed:
____YES or ____NO.

GO TO NEXT PART

PART VII: Conclusion

I respectfully request that:

OCAHO serve the complaint and notice of hearing on the Respondent and assign an Administrative Law Judge (ALJ) to consider the complaint and to preside at a proceeding as soon as practicable;

the ALJ grant the relief available to me as specified at section 68.52 of Title 28 of the Code of Federal Regulations.

YOU MUST SIGN AND DATE THIS COMPLAINT/QUESTIONNAIRE BELOW.

SIGN: _____

DATE: ____/____/____
Month Day Year

Remember, you must send us:

- T an **original** and **four** copies of this complaint/questionnaire, **each** with an **original** signature;
- T **five** copies of the Charge document that you filed with OSC; and
- T **five** copies of the letter you received from the OSC.

CONTACT INFORMATION

If you need to contact the OSC, you can write to them at:

U.S. Department of Justice
Civil Rights Division
The Office of Special Counsel for Immigration-Related Unfair Employment
Practices
950 Pennsylvania Avenue, NW
1425 NYA, Suite 9000
Washington, DC 20530

For more information, call the OSC Employer Hotline at 1-800-255-8155 (toll free) or 1-800-362-2735 (TDD device for the hearing impaired).

For questions about Title VII of the Civil Rights Act of 1964, please contact the Equal Employment Opportunity Commission by calling 1-800-669-4000 (toll free) or 202-275-7518 (TDD device for the hearing impaired).